Application or Docket Number

	PATENT	APPLICATIO Effect	RD 19111-0143										
CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALI TYPE	SMALL ENTITY			OTHER THAN OR SMALL ENTITY		
TC	OTAL CLAIMS	, ————————————————————————————————————	16	- <u></u>			RAT	E	FEE	<b>7</b> · '	RATE	FEE	
FC	OR		NUMBER	FILED	NUMF	BER EXTRA	BASIC	FEE	385.00	1 <sub>OR</sub>	BASIC FEE	+	
TC	OTAL CHARGEA	ABLE CLAIMS	16 mir	inus 20=	1.00	<u>,                                     </u>	X\$ 9	)= 		OR	V2+0	<u> </u>	
INE	DEPENDENT CI	,LAIMS	/ ,	ninus 3 =	1		X43=		<del></del>	1 1	You	0//	
ML	JLTIPLE DEPEN	NDENT CLAIM PF	<del></del>	<del></del>	<del>-/</del>		<u> </u>		-	OR		86	
+ 11	" " - difference	- '- column 1 js	Irro than 7	onto	"O" in		+145			OR	+290=		
* 11		e in column 1 is l				column 2	TOTA	L /		OR	TOTAL		
	C	Column 1)	MENDED				CMA	• • ;		<b>~</b> D	OTHER		
<u>_</u>	T	(Column 1) CLAIMS	Т	(Colum	EST	(Column 3)	SINIUS			OR 7 [	SMALL		
AMENDMENT A		REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	IBER OUSLY	PRESENT EXTRA	RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
N N N	Total	*	Minus	**		=	X\$ 9=	=		OR	X\$18=		
AME	Independent	<u>.l</u>	Minus	***		=	X43=	_		OR	Voc		
	FIRST PHESE	ENTATION OF MU	JLTIPLE DEP	ENDEN	CLAIM		145	7		1 1	+290=		
					•		+145= TOT/			OR	+290= TOTAL	—	
		: 41		:		->	ADDIT. FE			OR A	ADDIT. FEE		
		(Column 1)		(Colum		(Column 3)		<del></del>		• 1			
ENT B		REMAINING AFTER AMENDMENT		NUMB PREVIOU PAID F	BER DUSLY	PRESENT .EXTRA	RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NDMENT	Total	*	Minus	**		=	X\$ 9=			OR	X\$18=		
ME		<u> 1</u>	Minus	***		=	X43=			1 t	X86=		
	FIRST PRESE	NTATION OF MU	LTIPLE DEP	ENDENT	CLAIM			$\dashv$	—	OR	·		
		·				_	+145=			OR	+290=	•	
				ADDIT. FE			OR A	TOTAL ADDIT, FEE					
<del></del>		(Column 1) (Column 2) (Column 3)											
ENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMBI PREVIOL PAID FO	BER DUSLY	PRESENT EXTRA	RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total		Minus	**		= .	X\$ 9=	T		OR	X\$18=		
ĬĘ.		<u></u>	Minus	***		=	X43=	┰			X86=		
۱۶	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						A-10-	+		OR	X00=		

+145=

ADDIT. FEE

TOTAL

<sup>\*</sup> If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

<sup>\*\*\*</sup> If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." \*\*\*\*If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.